

Case Number:	CM14-0109216		
Date Assigned:	08/01/2014	Date of Injury:	06/28/2012
Decision Date:	09/23/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 46 year old male who has developed upper extremity pain subsequent to an injury dated 6/28/12 (CT). He has VAS (visual analog scale) scores of 5-6/10 with complaints of pain in his hands extending toward his shoulders and neck. He has been diagnosed with degenerative joint disease in his wrists. Neurological exam is intact. There were no lower extremity or general neurological problems documented. He has been treated with numerous compounded medications and sessions of aquatic therapy are mentioned, but the medical necessity and benefits are not documented.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Aquatic pool therapy 3 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM July 2012: Cervical Spine, Shoulders, Wrists and Hand sections and ODG , Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22,99.

Decision rationale: MTUS Guidelines support the use of aquatic therapy if there are difficulties with gravity based exercises and the need to reduce weight bearing. This patient does not meet

these criteria. In addition, Guidelines recommend up to 8-10 sessions of therapy for most chronic musculo-skeletal conditions and this request far exceeds Guideline recommendations. There are no unusual circumstances that would justify an exception to Guidelines. The request for 18 sessions of aquatic therapy is not medically necessary.